Use this form fo		ee information, mus	t be signed and submi	Amendment  Yes No itted along with other detailed forms.
1. Committee I	form to update information.  nformation			
a. Full Name				c. ID Number
William J.	Oberkirsch			4GL1PT
b. Mailing Address	(include City, State and Zip Cod	e)		d. Date Filed
801 Stone	y Brook Dr.			09/06/2013
Sanford, N	NC 27330			e. Phone Number
,				919-774-3265
2. Report Year	3. Period Start Date (mm/de	d/yy) 4. Period End	Date (mm/dd/yy) 5. 7	Freasurer Full Name
2013	8/01/2013	8/27/2013	3	William J. Oberkirsch
6. Type of Com	mittee (Check One)	9. Type of Report	(check only one typ	e of report from one category)
Candidate Can	npaign Party	Municipal	State/County	Referendum
PAC	Referendum	Organizational	Organizational	
Independent Ex		Thirty-five day	Quarterly	Pre-referendum
Legal Expense	Fund	Pre-primary	First	Final
7. Type of Fund	(if applicable, check one)	Pre-election Pre-runoff	Second Third	Supplemental Final Annual
Booster Fund	і (із арріїсавіє, спеск впе)	Semi-annual	Fourth	Special
Building Fund		Mid Year	Semi-annual	Special
		Year End	Mid Year	10. Special Report Name
Other:		Final	Year End	
8. Number of F	undraisers this Report	☐ Special	Final	
			☐ Special	
11. Account Inf	ormation	TI.	. Account Informati	on

## CERTIFICATION

**Expenditures** 

a. Financial Institution Full Name

Campaign Account

for Receipts and

Wells Fargo

b. Purpose

CRO-1000

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

c. Account Code

CEBO1

\$ 1750.00

William J. Oberkirsch

d. Period Begin Balance

a. Financial Institution Full Name

Campaign Account

for Receipts and

Expenditures

c. Account Code

CEBO<sub>2</sub>

\$50.00

d. Period Begin Balance

August 2008

Wells Fargo

b. Purpose

	Printed Name of S	agner	Signature of	of Appointed Treasurer	Date	
?C	OR OFFICE USE ONLY	1 1		140		
	Date Received:	9/6/13	Employee:	MA	Delivery Method  Normal Mail	
	Date Postmarked:		Employee:		Registered Mail Hand Delivered	
	Date Scanned:		Employee:	CENED	Electronically Filed	
	Date Data Entered:		Employee:	2013	Signer has not received mandatory training	
	TO		19			

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

NC State Board of Elections

<b>Detailed Summary</b>	Amendment  Yes No		
Use this form to summarize all disclosure reporting forms and			
1. Committee Full Name (and Fund if applicable)		3. ID Number	
Campaign to Elect Bill Oberkirsch	350	Contract of the Contract of th	4GL1PT
Start of Election Cycle: January 1, <u>8/27/13</u>	-	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1785.00	\$ 1800.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 10.00	\$ 10.00
6) Contributions from Individuals	(CRO-1210)	\$	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 10.00	\$ 10.00
<u>EXPENDITURES</u>			10.00
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 215.89	\$230.89
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 215.89	\$ 230.89
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$1569.11	\$ 1569.11
ADDITIONAL INFORMATION			
· · · · · · · · · · · · · · · · · · ·	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
	(CRO-1610)	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$ 100000
	CRO-2220)	\$	\$1 Lm   V Em [ ]
28) Contributions to be Refunded  (CRO-1100 NC State Board	CRO-1215)	\$	1 is 20 mm

LEE COUNTY

1. Committee F	o report expenditures I coordinated party ex Full Name (and Fun	xpenditures ad if applicable)	tee for c	operating exp	Pg / of penses, contributi	ions t	o candidate/political  2. ID Number
	n to Elect Bill Ol	perkirson					4GL1PT
3. Type of Disb		e use separate CR					
<ul><li>Operating Exp</li><li>4. Payee Inform</li></ul>	The state of the s	ntributions to Candida	- Demonstra		STREET, SQUARE,	rdinate	ed Party Expenditures
	mation Mailing Address & Ph	one			Remove ted Committee Name		d. Comments
(include city, state,	_	One		b, coor	en Communica i man	<u>:</u>	d. Comments
Office Max							
856 Spring				1000	istered (Specify)		
Sanford No	## B		1	Federal State	County:  Municipa	ality:	e. Election Sum to Date
Samora III	J 21330					III.y.	
							\$ 39.25
f. Account Code	g. Form of Payment				j. Amount	-	quired Remarks
CEBO1	Debit Card	В	8/5	5/13	\$ 39.25	Pa	alm Cards
					\$		
4. Payee Inform					Remove		
a. Full Name, Maili (include city, stat	ling Address & Phone			b. Coordinate	ed Committee Name	:	d. Comments
Wells Far	go Bank			Federal			
oumore			1	State	Municipal	lity: e	e. Election Sum to Date
							\$ 66.95
	g. Form of Payment	h. Purpose Code	i. Date (r	mm/dd/yyyy)	j. Amount	k. Rec	quired Remarks
CEBO1	Automatic Draft	К	8/13	3/13	\$ 66.95	Purc	chase of Checks
					\$		
4. Payee Inform				Add 🔲	Remove		
	ing Address & Phone			b. Coordinate	ed Committee Name	d	1. Comments
NFRW Cam	NFRW Campaign Management School, Raleigh, North Carolina  C. Level Registered (Specify)  Federal County: Municipality:						e. Election Sum to Date
							\$ 65.00
	-		i. Date (n	mm/dd/yyyy)	j. Amount		quired Remarks
CEBO1	Debit Card	0	8/1	2/13	\$ 65.00	Ca	mpaign School
					\$		
5. Total only thi	is Page						\$ 171.20.
(This line goes in a	Total of ALL CRO-1310 Pages  (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)  (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)  (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						

7. Purpose Codes (List detailed expenditure code in (h.) above) A\* - Media B\* - Printing E - Salaries

I - Postage

C\* - Fundraising

F\* - Equipment G - Political Party J - Penalties

**K\* - Office Expenses** 

D - To Another Candidate H\* - Holding Public Office Expenses

Q\* - Donation to Legal Expense Fund

December 2009

O\* Other \* Codes require detailed explanation in required remarks field (k) CRO-1310 NC State Board of Elections

AUG 28 2013

Disburse	ments
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	0		0	Amendment	
Pg	_	of	2	☐ Yes	☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number		
Campaign to Elect Bill Oberkirch						4GL1PT		
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)								
Operating Ex		ntributions to Candid				ordinated Party Expenditures		
4. Payee Infor				Add	Remove	ordinated Farty Expenditures		
	Mailing Address & Pl	none			ed Committee Name	e d. Comments		
(include city, state				Di Coorumia	co committee Ham	e u. Commens		
	7			1		1		
GotPrint	com			c. Level Regi	stered (Specify)			
Cou iiii				Federal	County:			
				☐ State	☐ Municipa	ality: e. Election Sum to Date		
						\$44.69		
		· · · · · · · · · · · · · · · · · · ·				\$44.09		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks		
CEBO1	Debit Card	В	8/13	3/13	\$ 44.69	New Palm Cards		
			1		\$	INCW Fairif Cards		
A Doves Info	motion	1		All Fi				
4. Payee Inform				Add	Remove			
a. Full Name, Mai (include city, sta	ling Address & Phone			b. Coordinat	ed Committee Name	d. Comments		
(include city, se	ite, & zip)					1		
				. Y I Th				
				Federal	stered (Specify)  County:			
				State	Municipa	lieu - Pilati - G		
				State	Municipa	lity: e. Election Sum to Date		
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	nm/dd/yyyy)	j. Amount	k. Required Remarks		
			Tout (	1414 GW 3 3 3 3 3 7		a. Required Remarks		
		ļ			\$			
					\$			
4. Payee Inform	nation		П	Add	Remove			
	ling Address & Phone				ed Committee Name	d. Comments		
(include city, sta				or obor data.	ou Committee Little	u. Comments		
				c. Level Regis	stered (Specify)			
				☐ Federal	County:			
				State	Municipal	lity: e. Election Sum to Date		
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount	k. Required Remarks		
					\$			
					\$			
					\$			
5. Total only th	is Page					\$ 44.69		
6. Total of ALI	CRO-1310 Pages							
(This line goes in	line 13a of Detailed Sum	mary Page CRO-11	00 if Oper	ating Expense	s)	1001586		
	line 13b of Detailed Sum					\$215.89		
	line 13c of Detailed Sum							
	odes (List detailed							
A* - Media	B* - Printir				D To A	nother Candidate		
A* - Media B* - Printing C* - Fundraising D - To Another Candidate  E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expens								
					ως Λ* - 110	nation to I agal Emparas E		
O* Other								
	e detailed explanati	on in required r	emarks	field (k)	Parel	IEVEIVED		
CRO-1310				d of Elections		AUG 2 8 2013 December 2009		
		in the second of				AUG 2 8 2013 December 2009		

	Aggregated Contributions from Individuals  Page of Amendment No  Optional form used to report NC Contributions From Individuals of \$50 or less									
1. Committee Full Name (and Fund if applicable) 2. ID Number										
(	Campai	4GL1PT								
3.	3. Contributor Information									
a. /	mend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy	y) f. Amount				
	Add Remove		Cash	GOP Lunch	8/27/2013	\$ 10.00				
	Add Remove					\$				
E	Add Remove					\$				
	Add Remove					\$				
F	Add Remove					\$				
	Add Remove				*	\$				
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_		nly this Page				\$ 10.00				
		f ALL CRO-		CRO-1100)	A locar land	\$ 10.00				
	(This line must be on line 5 of Detailed Summary Page CRO-1100)  CRO-1205  NC State Board of Elections  April 2007									

AUG 28 2013

April 2007